

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

MEDICAL EXAMINING BOARD

RESPIRATORY CARE PRACTITIONER CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR RESPIRATORY CARE SCHOOL
AND RETURNED TO THE MEDICAL EXAMINING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - _____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED** _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.